

Medical Policy and Pharmacy Policy Future Updates

MEDICAL POLICY

Line of Business	Effective Date	Health Care Service	Status	Summary of Changes	Posting / Notification Date
None					

PHARMACY POLICY

Line of Business	Effective Date	Health Care Service	Status	Summary of Changes	Posting / Notification Date
PreferredOne and Aspirus	12/31/2022	Vegzelma (bevacizumab-adcd)	Currently excluded – on our Exclude at launch (EAL) list	Will require Prior Authorization starting 12/31/2022. Newly approved biosimilar of Avastin, product will be non-preferred and will require trial/failure of both Mvasi and Zirabev prior to approval (exceptions may apply)	10/31/2022
PreferredOne and Aspirus	11/22/2022	Cimerli (ranibizumab- eqrn)	Currently excluded – on our Exclude at launch (EAL) list	Will require prior authorization on 11/22/2022. Until then it is not a covered service.	9/22/2022
Aspirus and PreferredOne	11/13/2022	Opdualag (nivolumab and relatlimab-rmbw)	Currently excluded – on our Exclude at launch (EAL) list	Will require prior authorization and will need prior approval for proper claims payment.	9/14/2022
Aspirus and PreferredOne	11/13/2022	Pluvicto (Lutetium (177LU) vipivotide tetraxetan)	Currently excluded – on our Exclude at launch (EAL) list	Will require prior authorization and will need prior approval for proper claims payment.	9/14/2022
PreferredOne and Aspirus	10/1/2022	Apretude (J0739)	Prior Authorization Required	Drug will be put on Prior Authorization list and will need prior approval for proper claims payment.	8/1/2022
PreferredOne	10/1/2022	Apretude (J0739)	Site of Care Requirement	Drug must be administered in clinic or homecare setting unless prior approval given for use in an outpatient hospital setting	8/1/2022

PreferredOne, Aspirus	7/1/2022	Firmagon (Degarelix) J9155	Added to Prior Authorization List	Will require prior authorization only when used for Gender Dysphoria and associated conditions diagnosis codes F64.0, F64.1, F64.2, F64.8, F64.9, Z87.890	6/25/2022
PreferredOne, Aspirus	7/1/2022	Leqvio (inclisarin) J1306	Added to Prior Authorization List	Moving from Excluded to Covered per FDA label. Clinical Policy effective 8/24/2022	6/25/2022
PreferredOne, Aspirus	7/1/2022	Tezspire (tezepelumab- ekko) J2356	Added to Prior Authorization List	Moving from Excluded to Covered per FDA label. Clinical Policy effective 8/24/2022	6/25/2022

Line of Business	Effective Date	Health Care Service	Status	Summary of Changes	Posting / Notification Date
PreferredOne, Aspirus	7/1/2022	Vyvgart (efgartigimod alfa-fcab) J9332	Added to Prior Authorization List	Moving from Excluded to Covered per FDA label. Clinical Policy effective 8/24/2022	6/25/2022
Preferred One	8/24/2022	Leqvio (inclisarin) J1306	Added to Site of Care List	Effective 8/24/2022. See pharmacy policy PC/S009	6/25/2022
PreferredOne	8/24/2022	Tezspire (tezepelumab-ekko) J2356	Added to Site of Care List	Effective 8/24/2022. See pharmacy policy PC/S009	6/25/2022
PreferredOne	8/24/2022	Vyvgart (efgartigimod alfa-fcab) J9332	Added to Site of Care List	Effective 8/24/2022. See pharmacy policy PC/S009	6/25/2022
PreferredOne, Aspirus	8/24/2022	Carvykti (ciltacabtagene autoleucl)	Added to Prior Authorization List	Moving from Excluded to Covered per FDA label. Clinical Policy pending	6/25/2022
PreferredOne, Aspirus	8/24/2022	Enjaymo (sutimlimab-jome)	Added to Prior Authorization List	Moving from Excluded to Covered per FDA label. Clinical Policy pending	6/25/2022
PreferredOne, Aspirus	8/24/2022	Kimmtrak (tebentafusp-tebn)	Added to Prior Authorization List	Moving from Excluded to Covered per FDA label. Clinical Policy pending.	6/25/2022

*Subject to Subcommittee approval

Availability of any clinical policies and other documents affected by the updates above will follow their effective dates, as noted.

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *COC*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help *you*.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف
Arabic

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1-800-332-650 (TTY: 1.866.631.8597) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY : 1.866.631.8597)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).